

Home Dialysis Center Practice Survey

Complete this survey as described in the [Dialysis Event Protocol](#).

Instructions: This survey is only for dialysis centers that **do not** provide in-center hemodialysis. If your center performs in-center hemodialysis, please complete the [Outpatient Dialysis Center Practices Survey](#). Complete one survey per center. Surveys are completed for the current year. It is strongly recommended that the survey is completed in February of each year by someone who works in the center and is familiar with current practices within the center. Complete the survey based on the actual practices at the center, not necessarily the center policy, if there are differences. Please submit your responses to the questions in this survey electronically by logging into your NHSN facility.

*required to save as complete	
Facility ID #: _____	*Survey Year: _____
*ESRD Network #: _____	
A. Dialysis Center Information	
A.1. General	
*1.	What is the ownership of your dialysis center? (choose one) <input type="checkbox"/> Government <input type="checkbox"/> Not for profit <input type="checkbox"/> For profit
*2.	What is the location/hospital affiliation of your dialysis center? (choose one) <input type="checkbox"/> Freestanding <input type="checkbox"/> Hospital based <input type="checkbox"/> Freestanding but owned by a hospital
*3.	Is your facility accredited by an organization other than CMS? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, specify (choose one) <input type="checkbox"/> Joint Commission <input type="checkbox"/> National Dialysis Accreditation Commission (NDAC) <input type="checkbox"/> Accreditation Commission for Health Care (ACHC) <input type="checkbox"/> Other (specify) _____
*4.	a. What types of dialysis services does your center offer? (select all that apply) <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> Homehemodialysis b. What patient population does your center serve? (select one) <input type="checkbox"/> Adult only <input type="checkbox"/> Pediatric only <input type="checkbox"/> Mixed: adult and pediatric
*5.	Is your center part of a group or chain of dialysis centers? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, what is the name of the group or chain? _____
*6.	Do you (the person primarily responsible for completing this survey) perform patient care in the dialysis center or in the homes of patients cared for by this center? <input type="checkbox"/> Yes <input type="checkbox"/> No
*7.	Does your center provide dialysis services within long-term care facilities (e.g., staff-assisted dialysis in nursing homes or skilled nursing facilities; <i>not</i> long-term acute care hospitals)? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, in how many long-term care facilities? _____
A.2. Surveillance	
*8.	Which of the following infections in your peritoneal dialysis patients does your center routinely track? (select all that apply) <input type="checkbox"/> Peritonitis <input type="checkbox"/> Exit site infection <input type="checkbox"/> Tunnel infection <input type="checkbox"/> Other (specify) _____
*9.	Which of the following events in your home hemodialysis patients does your center routinely track? (select all that apply) <input type="checkbox"/> Bloodstream infection <input type="checkbox"/> Needle/access dislodgement <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Vascular access site infection <input type="checkbox"/> Air embolism <input type="checkbox"/> Catheter breakage or bloodline separation
<p>Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).</p> <p>Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).</p>	

A.2. Surveillance (continued)	
*10.	<p>If a patient from your center was hospitalized, how often is your center able to determine if a bloodstream infection contributed to their hospital admission?</p> <p> <input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> N/A – not pursued </p>
*11.	<p>How often is your center able to obtain a patient's microbiology lab records from a hospitalization?</p> <p> <input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> N/A – not pursued </p>
<p>Please respond to the following questions based on information from your center for the <u>first week of February</u> (applies to current or most recent February relative to current date).</p>	
B. Patient and staff census	
*12.	<p>Was your center operational during the first week of February? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
*13.	<p>How many dialysis PATIENTS were assigned to your center during the first week of February? _____</p> <p>Of these, indicate the number who received:</p> <p>a. Peritoneal dialysis: _____</p> <p>b. Home hemodialysis: _____</p>
*14.	<p>How many PATIENT CARE staff (full time, part time, or affiliated with) worked in your center during the first week of February? <i>Include only staff who had direct contact with dialysis patients or equipment:</i> _____</p> <p>Of these, how many were in each of the following categories?</p> <p>a. Nurse/nurse assistant: _____</p> <p>b. Dialysis patient-care technician: _____</p> <p>c. Dialysis biomedical technician: _____</p> <p>d. Social worker: _____</p> <p>e. Dietitian: _____</p> <p>f. Physicians/physician assistant: _____</p> <p>g. Nurse practitioner: _____</p> <p>h. Other: _____</p>
C. Vaccines	
*15.	<p>Of the <u>peritoneal dialysis patients</u> counted in question 13a, how many received:</p> <p>a. A complete series of hepatitis B vaccine(ever)? _____</p> <p>b. The influenza (flu) vaccine for the <u>current/most recent</u> fluseason? _____</p> <p>c. At least one dose of pneumococcal vaccine (ever)? _____</p>
*16.	<p>Of the <u>home hemodialysis patients</u> counted in question 13b, how many received:</p> <p>a. A complete series of hepatitis B vaccine(ever)? _____</p> <p>b. The influenza (flu) vaccine for the <u>current/most recent</u> fluseason? _____</p> <p>c. At least one dose of pneumococcal vaccine (ever)? _____</p>
*17.	<p>Of the patient care <u>staff members</u> counted in question 14, how many received:</p> <p>a. A complete series of hepatitis B vaccine (ever)? _____</p> <p>b. The influenza (flu) vaccine for the <u>current/most recent</u> flu season? _____</p>
*18.	<p>Which type of pneumococcal vaccine does your center offer to patients? (choose one)</p> <p> <input type="checkbox"/> Polysaccharide (i.e., PPSV23) only <input type="checkbox"/> Conjugate (e.g., PCV13) only <input type="checkbox"/> Both polysaccharide & conjugate <input type="checkbox"/> Neither offered </p>

D. Screening			
*19.	Does your center routinely screen patients for hepatitis B surface antigen (HBsAg) upon initiation of care?		
	a. Peritoneal patients	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Home hemodialysis patients	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*20.	Does your center routinely screen patients for hepatitis C antibody (anti-HCV) upon initiation of care?		
	a. Peritoneal patients	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Home hemodialysis patients	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*21.	Does your center routinely screen patients for latent tuberculosis infection (LTBI) upon initiation of care?		
	a. Peritoneal patients	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Home hemodialysis patients	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*22.	If your center does routinely screen patients for latent tuberculosis infections (LTBI) , what method is used? (select all that apply)		
	a. Peritoneal patients	<input type="checkbox"/> Tuberculin Skin Test (TST)	<input type="checkbox"/> Blood Test <input type="checkbox"/> Other (specify) _____
	b. Home hemodialysis patients	<input type="checkbox"/> Tuberculin Skin Test (TST)	<input type="checkbox"/> Blood Test <input type="checkbox"/> Other (specify) _____
E.2 Prevention Activities			
*23.	Is your center actively participating in any of the following prevention initiatives (select all that apply):		
	<input type="checkbox"/> CDC Making Dialysis Safer for Patients Coalition – facility-level participation <input type="checkbox"/> CDC Making Dialysis Safer for Patients Coalition – corporate- or other organization-level participation <input type="checkbox"/> The Standardizing Care to Improve Outcomes in Pediatric End Stage Renal Disease (SCOPE) Collaborative Peritoneal Dialysis Catheter-related Infection Project <input type="checkbox"/> SCOPE Collaborative Hemodialysis Access-related Infection Project <input type="checkbox"/> None of the above		
*24.	In the past year, has your center's medical director participated in a leadership or educational activity as part of the American Society of Nephrology's (ASN) Nephrologists Transforming Dialysis Safety (NTDS) Initiative?		<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Peritoneal Dialysis Catheters			
*25.	For peritoneal dialysis catheters , is antimicrobial ointment routinely applied to the exit site during dressing change?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, what type of ointment is most commonly used? (select one)		
	<input type="checkbox"/> Gentamicin	<input type="checkbox"/> Bacitracin/polymyxin B (e.g., Polysporin®)	
	<input type="checkbox"/> Mupirocin	<input type="checkbox"/> Bacitracin/neomycin/polymyxin B (triple antibiotic)	
	<input type="checkbox"/> Povidone-iodine	<input type="checkbox"/> Bacitracin/gramicidin/polymyxin B (Polysporin® Triple)	
	<input type="checkbox"/> Other, specify: _____		
G. Vascular Access			
G.1. General Vascular Access Information			
*26.	Of the home hemodialysis patients from question 13b, how many received dialysis through each of the following access types during the first week of February?		
	a. AV fistula: _____		
	b. AV graft: _____		
	c. Tunneled central line: _____		
	d. Non-tunneled central line: _____		
	e. Other vascular access device (e.g., HeRO®): _____		
G.2. Arteriovenous (AV) Fistulas or Grafts			
*27.	Before prepping the fistula or graft site for rope-ladder cannulation, what is the site most often <u>cleansed</u> with?		
	<input type="checkbox"/> Soap and water	<input type="checkbox"/> Other, specify: _____	
	<input type="checkbox"/> Alcohol-based hand rub	<input type="checkbox"/> Nothing	

G.2. Arteriovenous (AV) Fistulas or Grafts (continued)

- *28. Before rope-ladder cannulation of a fistula or graft, what is the site most often prepped with? (select the one most commonly used)
- ☐ Alcohol
 - ☐ Chlorhexidine without alcohol
 - ☐ Chlorhexidine with alcohol (e.g., Chloraprep®, PDI Prevantics®)
 - ☐ Povidone-iodine (or tincture of iodine)
 - ☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) without alcohol
 - ☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol
 - ☐ Other, specify: _____
 - ☐ Nothing
- a. What form of this skin antiseptic is used to prep fistula/graft sites?
- ☐ Multiuse bottle (e.g., poured onto gauze)
 - ☐ Pre-packaged pad
 - ☐ Pre-packaged swabstick/spongestick
 - ☐ Other, specify: _____
 - ☐ N/A
- *29. Does your home hemodialysis facility perform buttonhole cannulation? ☐ Yes ☐ No
- a. Of AV fistula patients from question 26a, how many had buttonhole cannulation? _____
- b. When buttonhole cannulation is performed for home hemodialysis patients:
- i. Who most often performs it?
 - ☐ Patient (self-cannulation)
 - ☐ Caregiver
 - ☐ Other specify: _____
 - ii. Before cannulation, what is the buttonhole site most often prepped with? (select the one most commonly used)
 - ☐ Alcohol
 - ☐ Chlorhexidine without alcohol
 - ☐ Chlorhexidine with alcohol (e.g., Chloarprep™, PDI Prevantics®)
 - ☐ Povidone-iodine (or tincture of iodine)
 - ☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) without alcohol
 - ☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol
 - ☐ Other, specify: _____
 - ☐ Nothing
 - iii. Is antimicrobial ointment (e.g., mupirocin) routinely used at buttonhole cannulation sites to **prevent** infection? ☐ Yes ☐ No

G.3. Hemodialysis Catheters

- *30. Are patients who receive hemodialysis through a central venous catheter permitted in your home hemodialysis program? ☐ Yes ☐ No
- *31. Before accessing the hemodialysis catheter, what are the **catheter hubs** most commonly prepped with? (select the one most commonly used)
- ☒ Alcohol
 - ☐ Chlorhexidine without alcohol
 - ☐ Chlorhexidine with alcohol (e.g., Chloraprep®, PDI Prevantics®)
 - ☒ Povidone-iodine (or tincture of iodine)
 - ☒ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) without alcohol
 - ☒ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol
 - ☒ Other, specify: _____
 - ☒ Nothing

G.3. Hemodialysis Catheters (continued)

- a. What form of this antiseptic/disinfectant is used to prep the catheter hubs?
- ☐ Multiuse bottle (e.g., poured onto gauze)
 - ☐ Pre-packaged swabstick/ spongestick
 - ☐ Pre-packaged pad
 - ☐ Other,specify: _____
 - ☐ N/A
- *32. Are catheter hubs routinely scrubbed after the cap is removed and before accessing the catheter (or before accessing the catheter via a needleless connector device, if one is used)? ☐ Yes ☐ No
- *33. When the catheter dressing is changed, what is the exit site (i.e., place where the catheter enters the skin) most commonly prepped with? (select the one most commonly used)
- ☐ Alcohol
 - ☐ Chlorhexidine without alcohol
 - ☐ Chlorhexidine with alcohol (e.g., Chloraprep®, PDI Prevantics®)
 - ☐ Povidone-iodine (or tincture of iodine)
 - ☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) without alcohol
 - ☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol
 - ☐ Other,specify: _____
 - ☐ Nothing
- a. What form of this antiseptic/disinfectant is used at the exit site?
- ☐ Multiuse bottle (e.g., poured onto gauze)
 - ☐ Pre-packaged swabstick/spongestick
 - ☐ Pre-packaged pad
 - ☐ Other,specify: _____
 - ☐ N/A
- *34. For **hemodialysis catheters**, is antimicrobial ointment routinely applied to the exit site during dressing change?
- ☐ Yes ☐ No ☐ N/A – chlorhexidine-impregnated dressing is routinely used
- a. If yes, what type of ointment is most commonly used? (select one)
- | | |
|---|--|
| <input type="checkbox"/> Bacitracin/gramicidin/polymyxin B (Polysporin® Triple) | <input type="checkbox"/> Gentamicin |
| <input type="checkbox"/> Bacitracin/polymyxin B (e.g., Polysporin®) | <input type="checkbox"/> Mupirocin |
| <input type="checkbox"/> Bacitracin/neomycin/polymyxin B (triple antibiotic) | <input type="checkbox"/> Povidone-iodine |
| <input type="checkbox"/> Other,specify: _____ | |
- *35. Are antimicrobial lock solutions used to **prevent** hemodialysis catheter infections?
- ☐ Yes, for all catheter patients ☐ Yes, for some catheter patients ☐ No
- a. If yes, which lock solution is most commonly used? (select one)
- | | |
|---|---|
| <input type="checkbox"/> Sodium citrate | <input type="checkbox"/> Taurolidine |
| <input type="checkbox"/> Gentamicin | <input type="checkbox"/> Ethanol |
| <input type="checkbox"/> Vancomycin | <input type="checkbox"/> Multi-component lock solution or other, specify: _____ |
- *36. Are needleless closed connector devices (e.g., Tego®, Q-Syte™) used on your patients' hemodialysis catheters? ☐ Yes ☐ No
- *37. Are any of the following routinely used for your hemodialysis catheter patients? (select all that apply)
- | | |
|---|--------------------------|
| Chlorhexidine dressing (e.g., Biopatch®, Tegaderm™ CHG) | <input type="checkbox"/> |
| Other antimicrobial dressing (e.g., silver-impregnated) | <input type="checkbox"/> |
| Antiseptic-impregnated catheter cap/port protector: | |
| 3M™ Curox™ Disinfecting Port Protectors | <input type="checkbox"/> |
| ClearGuard® HD end caps | <input type="checkbox"/> |
| Antimicrobial-impregnated hemodialysis catheters | <input type="checkbox"/> |

G.3. Hemodialysis Catheters (continued)

*38. Does your center provide hemodialysis catheter patients with supplies to allow for changing catheter dressings at home?

☒ Yes, routinely for all or most patients with a catheter

☒ Yes, only for select patients with a catheter

☒ No

*39. Does your center educate patients with hemodialysis catheters on how to shower with the catheter? (select the best response)

☐ Yes, routinely for all or most patients with a catheter

☒ No, patients with hemodialysis catheters are instructed against showering

☐ Yes, only for select patients with a catheter

☒ No, education and instructions are not provided on this topic

a. Does your center provide hemodialysis catheter patients with a protective catheter cover (e.g., Shower Shield®, Cath Dry™) to allow them to shower?

☐ Yes, routinely for all or most patients with a catheter

☐ Yes, only for select patients with a catheter

☐ No

Comments:

Disclaimer: Use of trade names and commercial sources is for identification only and does not imply endorsement.